

NON-CERTIFIED RECORD OF DEATH FOR ADMINISTRATIVE USE ONLY

PRINT DATE: 06/21/2011

STATE FILE NUMBER : 2011-MN-606448		LEGAL DATE FILED : May 16, 2011		MEDICAL DATE FILED : May 23, 2011	
FIRST NAME : OEREK		DATE OF DEATH : May 13, 2011			
MIDDLE NAME : LEENDERT		DATE OF BIRTH : June 23, 1982			
LAST NAME : BOOGAARD		GENDER : Male			
LAST NAME PRIOR TO FIRST MARRIAGE :		SSN : [REDACTED]			
SUFFIX :		AGE : 28		Year(s) Month(s) Day(s) Hrs Min	
ALIAS :		BIRTH PLACE : City : SASKATOON		State : SASKATCHEWAN Country : CANADA	
FATHER'S NAME : LEENDERT		BOOGAARD		MARITAL STATUS : NEVER MARRIED	
MOTHER'S NAME : JOANNE MAUD		VROUWE		SURVIVING SPOUSE'S NAME :	
RACE : WHITE		USUAL OCCUPATION : PROFESSIONAL HOCKEY PLAYER			
HISPANIC ORIGIN : NO, NOT SPANISH/HISPANIC/LATINO		KIND OF BUSINESS / INDUSTRY : PROFESSIONAL SPORTS			
EDUCATION : HIGH SCHOOL GRADUATE OR GED COMPLETED		EVER IN U.S. ARMED FORCES : No			
RESIDENCE : 322 WEST 57TH STREET OTHER NEW YORK 10023		INFORMANT'S NAME : JOANNE BOOGAARD			
COUNTY : NEW YORK		RELATIONSHIP TO DECEDENT : MOTHER			
INSIDE CITY LIMITS : Yes		INFORMANT'S MAILING ADDRESS : 32 WODDWARD AVENUE, REGINA, SASKATCHEWAN, CANADA			
PLACE OF DEATH : OTHER RESIDENCE		CITY OR TOWNSHIP : MINNEAPOLIS			
FACILITY NAME/ADDRESS : 415 1ST STREET NORTH, MINNEAPOLIS, MINNESOTA, UNITED STATES 55401		STATE AND ZIP CODE : MINNESOTA 55401			
		COUNTY OF DEATH : HENNEPIN			
METHOD OF DISPOSITION : Cremation		CREMATORY NAME : FOREST LAWN CREMATORY			
CEMETERY NAME :		CREMATORY CITY, STATE : MAPLEWOOD MINNESOTA			
CEMETERY CITY, STATE :		CREMATION AUTHORIZER NAME : ANDREW M BAKER			
		CREMATION AUTHORIZER LICENSE NUMBER : 39542			
FUNERAL HOME NAME : BRADSHAW FUNERAL & CREMATION SERVICES		FUNERAL HOME LICENSE NUMBER : 0572			
FUNERAL HOME ADDRESS : 678 SNELLING AVENUE SAINT PAUL MINNESOTA 55116		FUNERAL DIRECTOR : JOHN R JACOBSON			
MEDICAL CERTIFIER NAME : ANDREW M BAKER		DATE OF DEATH AND TYPE (MODIFIER) : May 13, 2011 ACTUAL DATE OF DEATH			
TITLE OF CERTIFIER : M.D.		TIME OF DEATH : 18:10 24 Hour			
LICENSE NUMBER : 39542		TIME OF DEATH TYPE (MODIFIER) : TIME BODY WAS FOUND			
MEDICAL CERTIFIER ADDRESS : HENNEPIN COUNTY MEDICAL EXAMINER'S OFFICE, 530 CHICAGO AVENUE, MINNEAPOLIS, MINNESOTA, UNITED STATES 55415		MEDICAL EXAMINER CONTACTED : Y			
AND ZIP CODE :		DATE CERTIFIED : May 23, 2011			
CAUSE OF DEATH LINE A : MIXED ALCOHOL AND OXYCODONE TOXICITY		INTERVAL :			
CAUSE OF DEATH LINE B :		INTERVAL :			
CAUSE OF DEATH LINE C :		INTERVAL :			
CAUSE OF DEATH LINE D :		INTERVAL :			
OTHER CONTRIBUTING CONDITIONS :		AUTOPSY PERFORMED ? Yes			
IF FEMALE, PREGNANCY INFO :		AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH? Yes			
DID TOBACCO USE CONTRIBUTE TO DEATH : N		MANNER OF DEATH : ACCIDENT			
ACME ICD CODES (ICD 1-20) :		ACME UNDERLYING CAUSE CODE :			
INJURY OCCURRED ? : Yes		PLACE OF INJURY : UNKNOWN UNKNOWN MINNESOTA UNITED STATES			
DATE OF INJURY :		LOCATION OF INJURY : UNKNOWN UNKNOWN			
TIME OF INJURY :		INJURY AT WORK ? : N			
IF TRANSPORTATION INJURY, PLEASE SPECIFY : NA		DESCRIBE HOW INJURY OCCURRED : DECEASED SELF-ADMINISTERED ALCOHOL AND OXYCODONE.			